PTO/SB/47 (03-09) Approved for use through 03/31/2012. OMB 0651-0016
U.S. Patent and Trademark Office; U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## "FEE ADDRESS" INDICATION FORM

| Address to: Mail Stop M Correspondence Commissioner for Patents - OR - P.O. Box 1450 Alexandria, VA 22313-1450   | Fax to:<br>571-273-6500 |
|--|-------------------------|
| INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403. |                         |
| For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:  Customer Number: 22913   |                         |
| OR  The attached Request for Customer Number (PTO/SB/125) form.  |                         |
| PATENT NUMBER (if known)  6853690  | APPLICATION NUMBER      |
| Completed by (check one):  Applicant/Inventor  | Suk S. Sondagger        |
| Attorney or Agent of record 28651 Rick D. Nydegger Typed or printed name   |                         |
| Assignee of record of the entire interest, See 37 CFR 3.71.  (Farm PTO/SB/96)  Requester's telephone number (Form PTO/SB/96)   |                         |
| Assignee recorded at Reel Frame  | 3 20 12<br>Date         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below.  |                         |
| This collection of information is required by 37 CFR 1.953. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO   |                         |
| This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to see care by the control  |                         |

This collection of Information is required by 37 CFR 1.355. The information is required to obtain or retain a benefit by my public which is 16 to file (nat by we LEVE) to process) an application. Confidentiality is governed by 53 U.S. (1.22 and 37 CFR 1.11 and 1.1.4 This collection is estimated to faste by multiple to complete including gathering, propaling, and submitting for the complete depictation form to the USPTO. There will vary depending upon the individual case. Any comments of the amount of the you request to complete this form address "depictation form to the USPTO. There will vary depending upon the individual case. Any comments of the amount of the your request to complete this form address "depictions" or underly the burden, should be sent to the OFF information Clinical Comments of the Amount of the will be amount of the information of their information clinical information control. The confidence of the comments of the comments of the USPTO. The will should be sent to the OFF information Clinical Clinical Comments of the Comments of the USPTO. The will should be sent to the OFF information Clinical Clini